

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

MAY 24 2018
STATE OF TEXAS

CERTIFICATE OF DEATH

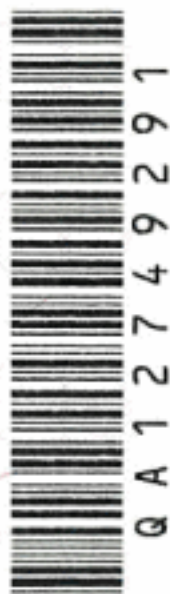
STATE FILE NUMBER

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
GLENDA ANN PERKINS				MAY 18, 2018	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE - Last Birthday (Years)	6. BIRTHPLACE (City & State or Foreign Country)		
FEMALE	NOVEMBER 11, 1953	64	GALVESTON, TX		
8. MARITAL STATUS AT TIME OF DEATH			9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)		
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			STEPHEN DOUGLAS PERKINS		
				10g. INSIDE CITY LIMITS?	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13. PLACE OF DEATH (CHECK ONLY ONE)					
IF DEATH OCCURRED IN A HOSPITAL:			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:		
<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA			<input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify)		
			SANTA FE HIGH SCHOOL		
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If outside city limits, give precinct No.)		16. FACILITY NAME (If not institution, give street address)	
GALVESTON		SANTA FE, 77517		16000 HWY 6	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED					
STEPHEN DOUGLAS PERKINS - HUSBAND					
19. METHOD OF DISPOSITION			20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. <input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)			MARIGRACE GONZALES, BY ELECTRONIC SIGNATURE - 117113		Section 223 Block Lot 46 Space 7
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			23. LOCATION (City/Town, and State)		
FOREST PARK EAST CEMETERY			WEBSTER, TX		
24. NAME OF FUNERAL FACILITY			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)		
FOREST PARK EAST FUNERAL HOME			21620 GULF FREEWAY, WEBSTER, TX 77598		
26. CERTIFIER (Check only one)					
<input type="checkbox"/> Certifying physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)	
ERIN BARNHART, BY ELECTRONIC SIGNATURE		MAY 22, 2018	Q5757	07:45 AM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)				32. TITLE OF CERTIFIER	
ERIN BARNHART 6607 FM 1764, TEXAS CITY, TX 77591				MD	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a. MULTIPLE GUNSHOT WOUNDS					
Due to (or as a consequence of):					
b.					
Due to (or as a consequence of):					
c.					
Due to (or as a consequence of):					
d.					
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.					
34. WAS AN AUTOPSY PERFORMED?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:	
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input checked="" type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY:					
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
40a. DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		
MAY 18, 2018	07:45 AM	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SANTA FE HIGH SCHOOL		
40e. LOCATION (Street and Number, City, State, Zip Code)			40f. COUNTY OF INJURY		
HWY 6, SANTA FE, TX 77517			GALVESTON		
41. DESCRIBE HOW INJURY OCCURRED					
SANTA FE SHOOTING					
42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR			
02-0988	MAY 24, 2018	REGISTRAR - GALVESTON COUNTY HEALTH DISTRICT, ELECTRONICALLY FILED			
EDR NUMBER 000002315120					

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195.1989)

VS-112 REV 1/2006



JLF

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED MAY 24 2018

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

Tara Das
TARA DAS
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

GALVESTON COUNTY HEALTH DISTRICT BUREAU OF VITAL STATISTICS

STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NUMBER	
1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)		3. BIRTHPLACE (City & State or Foreign Country)	
GLENDA ANN PERKINS		MAY 18, 2018		GALVESTON, TX	
4. SEX	5. DATE OF BIRTH (mm-dd-yyyy)	6. AGE - Last Birthday (Years)	7. IF UNDER 1 YR (Mo Days)	8. IF UNDER 1 DAY (Hours Min)	9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
FEMALE	NOVEMBER 11, 1953	64			STEPHEN DOUGLAS PERKINS
10. MARITAL STATUS AT TIME OF DEATH		11. INSIDE CITY LIMITS?			
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
12. PLACE OF DEATH (CHECK ONLY ONE)					
<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) SANTA FE HIGH SCHOOL					
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If outside city limits, give precinct no.)		16. FACILITY NAME (If not institution, give street address)	
GALVESTON		SANTA FE, 77517		16000 HWY 6	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED					
STEPHEN DOUGLAS PERKINS - HUSBAND					
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. Section 223	
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		MARIGRACE GONZALES, BY ELECTRONIC SIGNATURE - 117113		<input type="checkbox"/> Unknown Block _____ Lot 45 Space 7	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23. LOCATION (City/Town, and State)			
FOREST PARK EAST CEMETERY		WEBSTER, TX			
24. NAME OF FUNERAL FACILITY		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
FOREST PARK EAST FUNERAL HOME		21620 GULF FREEWAY, WEBSTER, TX 77598			
26. CERTIFIER (Check only one)					
<input type="checkbox"/> Certifying physician To the best of my knowledge, death occurred due to the cause(s) and manner stated <input checked="" type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated					
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)	
ERIN BARNHART, BY ELECTRONIC SIGNATURE		MAY 22, 2018	Q5757	07 45 AM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)		32. TITLE OF CERTIFIER			
ERIN BARNHART, 6607 FM 1764, TEXAS CITY, TX 77591		MD			
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a. MULTIPLE GUNSHOT WOUNDS					
Due to (or as a consequence of):					
b. _____					
Due to (or as a consequence of):					
c. _____					
Due to (or as a consequence of):					
d. _____					
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH - BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1					
34. WAS AN AUTOPSY PERFORMED?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE	
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input checked="" type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY SPECIFY:		40a. DATE OF INJURY (mm-dd-yyyy)			
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		MAY 18, 2018			
		40b. TIME OF INJURY		40c. INJURY AT WORK?	
		07 45 AM		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		40d. LOCATION (Street and Number, City, State, Zip Code)			
		HWY 6, SANTA FE, TX 77517			
		40e. COUNTY OF INJURY			
		GALVESTON			
41. DESCRIBE HOW INJURY OCCURRED					
SANTA FE SHOOTING					
42a. REGISTRAR FILE NO		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR	
02-0988		MAY 24, 2018		REGISTRAR - GALVESTON COUNTY HEALTH DISTRICT, ELECTRONICALLY FILED	
EDR NUMBER 000002315120					

AMENDMENT TO MEDICAL CERTIFICATION OF CERTIFICATE OF DEATH

STATE OF TEXAS		STATE FILE NUMBER	
ENTER NAME OF DECEASED AND PLACE OF DEATH EXACTLY AS SHOWN ON THE ORIGINAL DEATH CERTIFICATE			
1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		DATE OF DEATH (mm-dd-yyyy)	
GLENDA ANN PERKINS		MAY 18, 2018	
PLACE OF DEATH (CITY OR TOWN AND COUNTY)		IS THE DATE OF DEATH BEING CORRECTED?	
16000 HWY 6, SANTA FE, GALVESTON		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26. CERTIFIER (Check only one)			
<input type="checkbox"/> Certifying physician To the best of my knowledge, death occurred due to the cause(s) and manner stated <input checked="" type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated			
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER
ERIN BARNHART, BY ELECTRONIC SIGNATURE		MAY 31, 2018	Q5757
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)		32. TITLE OF CERTIFIER	
ERIN BARNHART, 6607 FM 1764, TEXAS CITY, TX 77591		MD	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH			
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
a. GUNSHOT WOUND			
Due to (or as a consequence of):			
b. _____			
Due to (or as a consequence of):			
c. _____			
Due to (or as a consequence of):			
d. _____			
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH - BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1			
34. WAS AN AUTOPSY PERFORMED?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?	
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38. IF FEMALE		39. IF TRANSPORTATION INJURY SPECIFY:	
<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input checked="" type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY	
MAY 18, 2018		07 45 AM	
40c. INJURY AT WORK?		40d. LOCATION (Street and Number, City, State, Zip Code)	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SANTA FE HIGH SCHOOL	
		40e. COUNTY OF INJURY	
		GALVESTON	
41. DESCRIBE HOW INJURY OCCURRED			
SANTA FE SHOOTING			
42a. REGISTRAR FILE NO		42b. DATE FILED (MM-DD-YYYY)	
02-0988		MAY 31, 2018	
42c. STATE REGISTRAR			
Tanda			
EDR 000002315120			

39427

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

ISSUED

JUN 21 2018

Alma Cazares Garcia
Local Registrar

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